
REPRODUCTIVE HEALTH SURVEY ALBANIA, 2002

FINAL REPORT

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PREFACE

In Albania, some models of services related to reproductive health have traditionally existed; this is especially the case for mother and child care services. Meanwhile, reproductive health programs are relatively new and began to function after the fall of the old system. During this period of time, Albania has faced a range of health problems which have followed economic and especially social changes in the country.

For 50 years Albania followed a pro-natalist policy, with modern family planning methods banned; and it was almost taboo to discuss sexuality and contraception in public. Abortion was also banned before the year 1991 and half of the maternal deaths in the 80's were caused by abortion complications.

The Ministry of Health of Albania has started to adapt specific policies to cope with increasing risks, which are mostly related to changing life styles, and to meet as well the increasing demands from the population for specific services. Products of such policies are new programs of family planning and programs of sex education. Through these approaches we aim to support the Albanian women and men of reproductive age taking rational decisions for the number of children they want to have, the time they want them, child spacing, and safe sex.

Vice Minister of Health
Saemira Pino

Only a few years ago the Albanian parliament passed a law on reproductive health, which regulates management and functioning of all services concerning reproductive health in public and private institutions. The law guarantees the rights of every individual and every couple related to reproduction in coherence with national policies and well known international principles.

The reproductive health survey of Albania has provided baseline data for new developments in recent years in this field, developments which have affected lifestyle, legislation, policies and social services. Until this survey was in place there was no comprehensive comparative analysis of the main indicators of family planning and reproductive health, utilizing data from a nation-wide representative sample.

A main objective of this survey is to assess reproductive health status and needs, which will help us design new programs and adjust existing ones according to the needs of the population. I strongly believe that the results presented in this report will serve most managers and professionals who operate in the field of reproductive health, as a important reference in their everyday activities.

EXECUTIVE SUMMARY

ALBANIA REPRODUCTIVE HEALTH SURVEY: 2002

BACKGROUND

The Albania Reproductive Health Survey (RHS) 2002 was conducted by the Institute of Public Health, with the support of the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), and with the technical assistance of the Division of Reproductive Health (DRH) of the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, USA. It is the first national survey on reproductive health, for both female and male respondents, in Albania, and the 18th survey of this type in 13 countries of Eastern Europe and the Former Soviet Union since 1993. The results obtained from this population-based survey provide the Ministry of Health, NGO's and donor agencies the current status of the reproductive health situation in the country and make possible the comparison of results with other national and international surveys.

The Institute of Statistics (INSTAT) provided information from the 2001 census to serve as the sampling frame for the national sample and also was responsible for data processing.

A principal objective of the study was to examine the reproductive health status of the population and needs that can be used to help direct or modify program interventions. Until this survey, relatively little detailed and reliable population-based information was available about important reproductive health topics in the country.

The RHS examines patterns and levels of fertility, contraceptive use and method selection, health behaviors, knowledge of HIV/AIDS, attitudes toward specific contraceptive methods, domestic violence and sexual abuse, as well as sex education and sexual behavior of young adults. These data are particularly useful in assisting policy makers and program officials in evaluating health service needs and identifying reproductive health behaviors associated with poor health outcomes.

METHODOLOGY

Results of the Albania RHS are based on in-person face-to-face interviews with 5,697 women and 1,740 men in their homes. The household-based survey was designed to collect information from a representative sample of reproductive age men (15-49 years of age) and women (15-44 years of age), regardless of marital status, who were living in Albania when the survey was conducted in late 2002. Male and female samples were selected independently. For analysis purposes, three strata were constructed for the sample design: Metropolitan Tirana, other urban areas and other rural areas.

As in other countries in Eastern Europe, the survey had a three-stage sampling design: (1) selection of census sectors with probability proportional to the number of households in the 2001 census (2) clusters of households randomly selected in each census sector chosen in the first stage of the sample and (3) random selection of one eligible respondent in each household.

CHARACTERISTICS OF THE SAMPLE

The average size of a household in Albania with at least one eligible female respondent is 5.1, ranging from 4.6 in urban areas to 5.4 in rural areas. Almost two-thirds (65%) of the female sample were currently married compared with 60% of the male sample and 36% of females reported secondary complete or post-secondary education compared with 43% of the male sample; there was a marked differential in educational attainment of urban and rural Albanians. About 80% of both samples reported their religion to be Muslim, but only 5% reported that they attend religious services at least once a month.

FERTILITY TRENDS AND LEVELS

Albania has had a 21% decline in the Total Fertility Rate (TFR) between 1993 and 2002. The survey data show that the TFR has declined from 3.3 children per woman during the three-year period from August 1993 to July 1996 to 2.8 from 1996-1999 to 2.6 from 1999-2002. Women 20-29 years of age at birth contribute 65% of the fertility rate. The TFR for women with post-secondary education is estimated to be 2.0 compared with 2.7 for women with primary school education.

Over 90% of married women (93%) have had a live birth and 11% have had four or more children. The median age of first intercourse for all women is 21.1, first marriage is 21.9 and first live birth is 23.4.

Unfortunately, the survey rate of 73 abortions per 1,000 live births for the three years prior to the survey is 64% lower than the officially reported rate of 200 per 1000 live births. Since the apparent underreporting by survey respondents is

at least 50% and may be as high as 77% (upper limit of 95% confidence interval), and since the underreporting is most likely not random but associated with the characteristics of the respondent, further analysis of the abortion data is probably unreliable and beyond the scope of this report.

MATERNAL and CHILD HEALTH

Nineteen percent of women with births in the past five years reported that they did not have prenatal care during their pregnancy. No prenatal care was highest among rural women (26%), older women (28%), women primary education (25%) and women classified as low socioeconomic status (SES) (26%). Of women with prenatal care, one-fourth (24%) reported a pregnancy complication, including risk of preterm delivery and anemia related to pregnancy as the most frequent complications reported.

Almost all women (94%) gave birth in a medical facility. Ten percent of births to rural women, women older than 34, low SES women and women with birth order 3 or greater were reported to be at home. Fifteen percent of women with no prenatal care reported a home birth. Only 19% of women reported a post-partum care visit following delivery.

Postnatal baby clinic visits were more common with 86% of women reporting a postnatal clinic visit for their baby. The overwhelming majority of babies were breastfed (93%) with a mean duration of 14.3 months. However, exclusive breastfeeding was only 2.8 months on the average and full breastfeeding 4.9 months on the average.

The infant mortality rate (IMR) calculated for the period from August 1992 to July

2002 is 26.2 per 1000 and the under five mortality rate for the same period is 31.9 per 1000. These results are similar to the results of the MICS survey carried out in 2000: infant mortality was 28 per 1000 and the child mortality rate was 33 per 1000. The survey IMR of 26.2/1000 for the period, 1992-2002, is 29% higher than the official rate reported between 1995 and 2000.

AWARENESS AND USE OF CONTRACEPTION

Nine out of 10 Albanian women have heard of at least one modern method and 87% have heard of at least one traditional method, predominantly withdrawal. However, while 81% of women have heard of the condom, only two-thirds of women have heard of oral contraception or tubal ligation. Less than 35% have heard of other modern methods. There are 13 percentage point differences for most modern methods between women living in urban areas vs. rural areas.

Males have principally heard of the condom (89%) and withdrawal (89%). Knowledge of other modern methods is very low, reaching only 33% for oral contraceptives.

Women who have heard of contraception believe that withdrawal is much more effective at preventing pregnancy than are modern methods. Males said that tubal ligation was best at preventing pregnancy followed by the condom and withdrawal.

Contraceptive prevalence is 75% for married women (8% modern methods) and 77% for married men (3% modern methods). For both genders, the predominant method is withdrawal, 67% reported by the females sample and 74% reported by the male sample. Only three

groups of married women reported at least a 15% contraceptive prevalence for modern methods: High SES (18%), post-secondary education (17%) and living in metro Tirana (15%). Married men with post-secondary education (13%) and high SES (12%) were the only groups to surpass a level of 9% using modern methods.

Almost three out of four women (73%) using traditional methods thought that withdrawal was more effective at preventing pregnancy than modern methods. Among men using traditional methods, 48% thought withdrawal was more effective than modern methods and 42% thought that they were equally effective.

NEED FOR CONTRACEPTIVE SERVICES

Unmet need for contraception is a very specific estimate that measures the gap between desired fertility levels and the contraceptive practices adopted to ensure that fertility preferences are met. In addition to unmet need for any contraceptive method, the Albania survey also estimated the need for modern contraception – an indicator used in other Eastern European surveys.

It is estimated that 46% of all women and 68% of married women have unmet need for modern contraception if unintended pregnancies were to be prevented. Among married women, since only 8% report using modern contraception, only 12% of the potential “demand” for modern contraception has been met. The highest percentage of “met demand” was for women living in Metro Tirana (22%), women with a post-secondary education (26%) and women classified as high SES (27%).

Two-thirds of women (68%) expressed a desire for more information about

contraception. The desire for more information was highest among non-users (75%), young adults 15-24 years of age (84%), and never married women (85%). Ninety percent of women and 77% of men said that information about contraception should be broadcast on radio or television.

REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES

Women said that the ideal number of children for a young family in Albania was 2.6, coincidentally equal to the total fertility rate found in the three years prior to the survey. For men, the ideal number of children was 2.4. Almost all women (96%) and 89% of men agree that both the husband and wife should decide together on how many children a couple should have.

Only 26% of women and 11% of men knew the most likely time during the menstrual cycle that a woman would get pregnant. Only 9% of unmarried women and 10% of 15-19 year olds responded correctly to this question. Also, only about one-fifth of women and men knew that the likelihood of pregnancy was lower if the mother was breastfeeding.

Almost three-fourths of women (72%) and 53% of men agreed that seeking an abortion is a woman's personal decision. Of those not agreeing, 26% of women and 45% of men said that abortion was alright under certain circumstances. Only one percent of females and males said that abortion is never acceptable.

More than 75% of women and more than 84% of men agree that the husband should help with chores if the wife works, the main job of women is housework and every individual should get married. Three-quarters of women (75%) and 64% of men

agree that a married woman needs her husband's permission to work.

HEALTH BEHAVIORS

Only 24% of women and 14% of men visited a health facility in the past 12 months. Only 16% of those women visiting a health facility received counseling for family planning. The main reasons expressed by women as a barrier in getting medical advice or treatment for themselves were "lack of money" (46%) and "not wanting to go alone" (41%). The two main reasons expressed by men were "lack of money" (54%) and "did not know where to go" (40%).

Of sexually experienced women, two-thirds (69%) have never had a routine gynecological exam. About one-half of women (52%) were aware of breast self-exam, but only 8% have ever practiced breast self-exam. Only 3% of sexually experienced women had ever had a pap smear for cervical cancer screening. Fully 70% of these women had never heard of screening for cervical cancer.

Almost one-half of men (46%) smoke compared with only 3% of women.

YOUNG ADULTS

More than 90 percent of women 15-44 years of age (92%) agree that age appropriate sex education topics concerning human reproduction, contraception and sexually transmitted infections should be taught in school. For men 15-49 years of age, 84% agree.

For young adult women 15-24 years of age, two-thirds (64%) have discussed sex education topics with a parent before they reached age 18, but only 15% discussed HIV/AIDS and 8% discussed contraception.

For young adult men, only 11% discussed any sex education topic with a parent before age 18, and only 9% discussed HIV/AIDS and 2% methods of contraception.

Three fourths (77%) of young adult women and 64% of young adult men said that they were taught some sex education topic in school by age 18. However, only about one-half of females and males received information about HIV/AIDS and only 30% of males and 24% of females received information about contraceptive methods.

One-third of young adult women (32%) reported sexual experience and 14%, or 42% of those with sexual experience, had premarital sex; almost all (99%) reported to be their fiancée or boy friend. Among young adult males, 29% reported having had sexual experience and 27%, or 91% of those with sexual experience, had premarital sex. Most men with premarital sexual experience reported their first partner to be a girl friend (43%), a lover (19%) or a friend (14%). Only 1% reported that their first sexual encounter was with a prostitute.

Four out of five (81%) females said that they or their partner used a contraceptive method at first intercourse, mostly withdrawal, with the following distribution: withdrawal (96%), condoms (3%) and other modern methods (1%). Eight-five percent of men reported contraceptive use at first intercourse, including withdrawal (56%), condoms (43%) and other modern methods (1%).

Eighteen percent of unmarried males and 5% of unmarried females 15-24 years of age were sexually active at least once in the past three months. Only 15% of sexually active unmarried males reported using a modern method at last intercourse similar to the 11% of sexually active unmarried females.

Of all sexually experienced men, 72% report two or more lifetime partners versus only 3% of females.

KNOWLEDGE OF HIV/ AIDS TRANSMISSION AND PREVENTION

Almost all women and men of reproductive age (96%) have heard of or are aware of HIV/AIDS; However, only 56% of women and 45% of men believe that HIV can be asymptomatic, and only 17% of women and 33% of men know where HIV tests are provided.

Seventy-three percent of all women and 69% of all men identified monogamy, partner limitation and condom use as prevention measures against HIV/AIDS (UNAIDS indicator no. 1). However only 1% of both women and men had correct knowledge that HIV could be asymptomatic, and is not spread by mosquito bites or through medical treatment (UNAIDS indicator no. 2).

Seventy-nine percent of both women and men say they have no risk of contracting HIV/AIDS; 95% of the women who say that they are not at risk say they are monogamous (41%), not sexually active (32%) or they trust their partner (23%), and 87% of the males give the same three reasons plus 8% saying they use condoms. Of those that think they have some risk, the overwhelming proportion of women (91%) stated that their risk was from medical or dental treatment. Slightly over half of the men (54%) also gave this reason followed by unprotected sex with casual partners (16%).

VIOLENCE AGAINST WOMEN

The data in this report on violence against women, also known as “gender-based violence”, represent the first national

population-based information on the issue of violence against women in Albania. Women who have ever been married reported both lifetime intimate partner violence (IPV) and IPV during the past 12 months. During their lifetime, among these women, 30% report verbal abuse, 8% physical abuse and 3% sexual abuse; during the past 12 months, the corresponding reports are 23%, 5% and 2%, respectively. Except for sexual abuse, men report inflicting more abuse on their partners than reported by women indicating a possible reluctance of women to report IPV even in a private interview. Lifetime, 33% of men reported inflicting verbal abuse, 14% physical abuse and 1% sexual abuse. In the past 12 months the corresponding reports are 19%, 5% and <1%, respectively.

Of women reporting physical violence in the past year, less than half (46%) talked to anyone about this violence, mostly with family, a relative or a friend. Only 20% talked to the police, a health provider or a legal adviser.

All women were asked if they have been forced to have sexual intercourse against their will during their lifetime. Only 2% of women reported that they have ever experienced forced sexual intercourse, lower than the prevalence reported in other countries of this region. About 90% of these women reported that the perpetrator of forced sex was their husband or partner or ex-husband or ex-partner. It is notable that no woman reported forced sexual intercourse by a casual partner or stranger.

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